

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2005 8:00 am**  
**Secretary of State**

01-19-2005 90006 048 \*\*\*150.00

**DOCUMENT # P27092**

1. Entity Name  
**SILICON GRAPHICS, INC.**



Principal Place of Business  
**1500 CRITTENDEN,  
MOUNTAIN VIEW, CA 94043-1351 US**

Mailing Address  
**1500 CRITTENDEN,  
MOUNTAIN VIEW, CA 94043-1351 US**

**50003614**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**94-2789662**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BISHOP, ROBERT	
STREET ADDRESS	1600 AMPHITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VT	<input type="checkbox"/> Delete
NAME	FURTHER, JEAN	
STREET ADDRESS	1600 AMPHITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VPCC	<input type="checkbox"/> Delete
NAME	ZELLMER, JEFF	
STREET ADDRESS	1600 AMPHITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VS	<input type="checkbox"/> Delete
NAME	ESCHER, SANDRA	
STREET ADDRESS	1600 AMPHITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCDIVITT, JAMES A	
STREET ADDRESS	1600 AMPHITHEATRE PKWY	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, ROBERT	
STREET ADDRESS	1500 CRITTENDEN, MS 131	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURTHER, JEAN	
STREET ADDRESS	1500 CRITTENDEN, MS 131	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VPCC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLMER, JEFF	
STREET ADDRESS	1500 CRITTENDEN MS 131	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESCHER, SANDRA	
STREET ADDRESS	1500 CRITTENDEN, MS 131	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDIVITT, JAMES A	
STREET ADDRESS	1500 CRITTENDEN, MS 131	
CITY-ST-ZIP	MOUNTAIN VIEW, CA 94043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**JEFFREY V. ZELLMER, SVP, CFO**

**1-12-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #